

BANK INFORMATION FOR PAYMENTS

This form is used for Automated Clearing House (ACH) payments with an addendum record that contains payment-related information processed through the Vendor Express Program. Recipients of these payments should bring this information to the attention of their financial institution when presenting this form for completion.

*** Payment Process cannot begin until this form is completed and received by the Agency ***

AGENCY INFORMATION													
FEDERAL PROGRAM AGENCY U.S. Department of Energy - Southwestern Power Administration		VENDOR #											
AGENCY IDENTIFIER SWPA	AGENCY LOCATION CODE (ALC) 89001601	ACH FORMAT <input checked="" type="checkbox"/> CCD+ <input type="checkbox"/> CTX <input type="checkbox"/> CTP											
ADDRESS One West Third Street - S5211 Tulsa, Oklahoma 74103-3519	WEB PAGE http://www.swpa.gov	E-MAIL ADDRESS cashmgmt@swpa.gov											
DEPARTMENT CONTACT Cash Management		TELEPHONE NUMBER (918) 595-6641 or 6642											
		FACSIMILE NUMBER (918) 595-6656											
PURCHASING OFFICIAL SIGNATURE		DATE											
PAYEE/COMPANY INFORMATION													
NAME		FEDERAL TAXPAYER IDENTIFICATION NUMBER											
ADDRESS		CHECK TYPE OF BUSINESS ENTITY <input type="checkbox"/> Corporation (C) <input type="checkbox"/> Individual/Sole Proprietor (I)											
CITY	STATE	ZIP CODE	<input type="checkbox"/> Non-Profit (N) <input type="checkbox"/> Partnership (P)										
			<input type="checkbox"/> Federal (F) <input type="checkbox"/> State/Local (S)										
CONTACT PERSON NAME		TELEPHONE NUMBER											
CONTACT PERSON SIGNATURE		FACSIMILE NUMBER											
SOUTHWESTERN SENDS AN E-MAIL MESSAGE CONTAINING DETAILED PAYMENT INFORMATION FOR EACH ACH PAYMENT PROCESSED.													
E-MAIL ADDRESS	E-MAIL ADDRESS POINT OF CONTACT NAME	CC: E-MAIL ADDRESS											
FINANCIAL INSTITUTION INFORMATION													
NAME		ADDRESS											
CITY	STATE	ZIP	TELEPHONE NUMBER										
ACH COORDINATOR NAME		SIGNATURE/DATE											
DEPOSITOR ACCOUNT NUMBER		NINE-DIGIT ROUTING TRANSIT NUMBER	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>										
DEPOSITOR ACCOUNT TITLE													
TYPE OF ACCOUNT <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS <input type="checkbox"/> LOCK BOX													

PRIVACY ACT STATEMENT

The following information is provided to comply with the Privacy Act of 1974 (P.L. 93-579). All information collected on this form is required under the provisions of 31 U.S.C. 3322 and 31 CFR 210. This information will be used by the Treasury Department to transmit payment data, by electronic means, to vendor's financial institution. Failure to provide the requested information may delay or prevent the receipt of payments through the Automated Clearing House Payment System.